

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42372  
State File No.

Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 261

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 years / (Specify whether years, months or days)  
In this community 14 years /

3. (a) PRINT FULL NAME Hiram I Bradford

3. (b) If veteran, name war          3. (c) Social Security No.         

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Belle Bradford 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 6 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 0 26 hr. min.

9. Birthplace Monett Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Funeral Director

11. Industry or business Undertaking

12. Name Haynes I Bradford

13. Birthplace ? Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Swartzel

15. Birthplace ? Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Belle Bradford

(b) Address Marionville Mo.

17. (a) Burial (b) Date thereof Dec 5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett Mo.

18. (a) Signature of funeral director J. P. King

(b) Address Aurora Mo.

19. (a) 12/5/41 (b) Laura C. Connors  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No.          (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 2,  
year 1941, hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 14,  
1941, to Dec 2, 1941,  
that I last saw him alive on December 2, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Abscess Duration 1 week

Due to Bronchitis chiefly on right side

Other conditions 1. Rheumatoid Arthritis 1 year  
(Include pregnancy within 3 months of death) 2. Unresolved Pneumonia

Major findings: Of operations None

Of autopsy None 800  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)           
(b) Date of occurrence           
(c) Where did injury occur?          (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?         

While at work?          (Specify type of place) (e) Means of injury         

23. Signature J. P. King (M. D. or other) M. D.  
Address 16 E. Locust St. Date signed 12/5/41

417

(Licensed Embalmer's Statement on Reverse Side Churson, Mo.)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 142-67

Date Filed JAN 8 1942

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address..... Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.